

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043690

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 5547 Registrar's No. 114

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>TOWN R.F.D. Howard Co.</b>		c. CITY OR TOWN <b>R.F.D.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		d. STREET ADDRESS (If outside, give location) <b>at home</b>	

3. NAME OF DECEASED (Type or print) <b>Mrs. Nina B. Jackman</b>	4. DATE OF DEATH Month <b>November</b> Day <b>28</b> Year <b>1963</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/28/95</b>	9. AGE (last birthday) <b>(95) 68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Howard County</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ruben Stemmons</b>	13b. MOTHER'S MAIDEN NAME <b>Mary</b>	14. NAME OF HUSBAND OR WIFE <b>Elijah Jackman.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no.</b>	16. SOCIAL SECURITY NO. <b>[redacted]</b>	17. INFORMANT <b>Wallace &amp; Lindsey Jackman, Rochepoort</b>
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18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolus</b> DUE TO (b) <b>Chronic Arteriosclerosis</b> DUE TO (c) <b>5 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Partial Hemiplegia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>[redacted]</b> a.m. <b>[redacted]</b> p.m.	Month, Day, Year <b>[redacted]</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Howard County, Missouri</b>
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21. I attended the deceased from <b>Nov 28 - 63</b> , to <b>Nov - 28 - 1963</b> and last saw her <b>alive on 11-28-63</b> Death occurred at <b>2 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>W. Bloom M.D.</b>	22b. ADDRESS <b>Fayette MO</b>	22c. DATE SIGNED <b>11-30-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/20/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Woodland Church</b>	23d. LOCATION (City, town, or county) <b>Howard County, Missouri</b>
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24. FUNERAL DIRECTOR <b>George H. Green</b>	25. DATE RECD. BY LOCAL REG. <b>11-30-63</b>	26. REGISTRAR'S SIGNATURE <b>Katherine Wilson</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

10450

20450

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Dutton, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.